

2004 2-D Barcode Specifications for Form MO-PTC

CODE FIELD	FORM LINE NO.	DESCRIPTION *** Header Information ***	PICTURE CLAUSE	MAX SIZE	ACCEPTABLE VALUES (see notes below)
1	Header	Version Number			(T1 is current standard version)
2	Header	Developer Code			4-Digit Developer Code
3	Header	Jurisdiction (MO)			MO
4	Header	Description (MOPTC) and Current Tax Year			MOPTC/2004
5	Header	Specification Version (0 for current version)			0
6	Header	Software/Form Version			Can be up to 21 characters
7		Carriage Return Only (Blank)			
8		Carriage Return Only (Blank)			
9		Carriage Return Only (Blank)			
10	Top	Amended Return	PIC X(1)	1	X YES
11	Top	Vendor Code	PIC 9(2)	2	Software Vendor Code
12	NAME	Your Social Security Number	PIC 9(9)	9	
13	NAME	Spouse's Social Security Number	PIC 9(9)	9	
14	NAME	Your Last Name	PIC X(20)	20	
15	NAME	Your First Name	PIC X(14)	14	
16	NAME	Your Middle Initial	PIC X(1)	1	
17	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3	Title (JR,SR,etc) (No period after suffix)
18	NAME	Yourself Deceased in 2004	PIC X(1)	1	X YES
19	NAME	Spouse's Last Name	PIC X(20)	20	
20	NAME	Spouse's First Name	PIC X(14)	14	
21	NAME	Spouse's Middle Initial	PIC X(1)	1	
22	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3	Spouse's Title (No period after suffix)
23	NAME	Spouse Deceased in 2004	PIC X(1)	1	X YES
24	NAME	In Care of Name	PIC X(30)	30	
25	Blank				
26	Blank				
27	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35	
28	NAME	City, Town or Post Office	PIC X(23)	23	
29	NAME	State	PIC X(2)	2	
30	NAME	Zip Code	PIC X(9)	9	99999 or 999999999
		Fields 31 through 119 are Carriage Return Only (Blank)			
120	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1	X YES
121	SIGN	Daytime Telephone	PIC 9(10)	10	

122	SIGN	FEIN, SSN, PTIN Fields 123 through 190 are Carriage Return Only (Blank)	PIC X(9)	9	11 are allowed on form for “-”
191	Name	Birthdate (Yourself)	PIC 9(6)	6	MMDDYY (example: 031560)
192	Name	Birthdate (Spouse)	PIC 9(6)	6	MMDDYY (example: 031560)
193	A	65 years of age or older	PIC X(1)	1	X YES
194	B	100% Disabled Veteran	PIC X(1)	1	X YES
195	C	100% Disabled	PIC X(1)	1	X YES
196	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1	X YES
197	Filing	Single	PIC X(1)	1	X YES
198	Filing	Married — Filing Combined	PIC X(1)	1	X YES
199	Filing	Married — Living Separate for Entire Year	PIC X(1)	1	X YES
200		Blank			
201	1	Enter the amount of social security benefits or railroad equiv. before any deductions	PIC 9(9)	9	Can't be a negative number
202	2	Enter the total amount of wages, pensions, annuities, dividends, or interest income	PIC 9(9)	9	Can't be a negative number
203	3	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	Can't be a negative number
204	4	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	Can't be a negative number
205	5	Enter the total amount of received by you and/or your minor children from: public relief, public assistance, etc.	PIC 9(9)	9	Can't be a negative number
206		Carriage Return only (blank)			
207	6	Total household income — add Lines 1 through 5	PIC S9(9)	9	Can be negative (see instructions below)
208	7	Enter \$2000 if your filing status is married filing combined. Otherwise, enter "0"	PIC 9(9)	9	Can't be a negative number
209	8	Net household income — (Subtract Line 7 from Line 6.)	PIC 9(9)	9	Can't be a negative number (see instructions)
210	9	If you owned your home, enter the total amount of real estate tax that you	PIC 9(9)	9	Can't be a negative number
211	10a	If you rented your home, enter the amount from Form MO-CRP, Line 8	PIC 9(9)	9	Can't be a negative number
212	10b	If you rented your home...? Line 10a * 20%	PIC 9(9)	9	Can't be a negative number
213	11	Total tax and or rent—add Lines 9 and 10 and enter the total or \$750, whichever is less	PIC 9(9)	9	Can't be a negative number
214	12	Property Tax Credit	PIC 9(9)	9	Can't be a negative number
		*** Certification of Rent Paid 1 ***			
215	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
216	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
217	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
218	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
219	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
220	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES

221	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
222	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES (50% if first box is checked, else 100 if second box is checked)
223	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
224	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
225	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
226	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
227	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
228	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
229	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
*** Certification of Rent Paid 2***					
230	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
231	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
232	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
233	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
234	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
235	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
236	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
237	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES (50% if first box is checked, else 100 if second box is checked)
238	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
239	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
240	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
241	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
242	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
243	7G4	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
244	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number

*** Certification of Rent Paid 3***					
245	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
246	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
247	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
248	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
249	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
250	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
251	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
252	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES
253	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
254	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
255	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
256	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
257	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
258	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
259	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
*** Certification of Rent Paid 4***					
260	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
261	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
262	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
263	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
264	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
265	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
266	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
267	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES (50% if first box is checked, else 100 if second box is checked)
268	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
269	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
270	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)

271	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
272	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
273	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
274	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
*** Certification of Rent Paid 5***					
275	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
276	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
277	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
278	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
279	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
280	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
281	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
282	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES (50% if first box is checked, else 100 if second box is checked)
283	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
284	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
285	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
286	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
287	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
288	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
289	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
290		*EOD*			

NOTES:

- For blank fields, use a carriage return.
- All alpha characters should be in capital letters (A-Z).
- Numeric fields aren't zero filled.
- Negative amounts will have a leading minus sign.
- Check boxes: an X indicates Yes, nothing is No (see Acceptable Values Column)
- *EOD* must be printed in Field 290.

Missouri *encourages* you to default the 2-D barcode to "ON" when you release your software. It is *highly preferred* that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.

ADDRESS INFORMATION:

We do not have a separate P.O. Box set up for this 2-D barcode return.

2-D barcode testing should be completed within two months after the 2-D barcode packet is released.